



NSA K-12 Speakers Bureau Request

PLEASE PRINT

Today's Date: _____

All presentations must be scheduled when the regular teacher, and not a substitute, will be present in the classroom. Teachers must remain in the classroom during the entire presentation.

SCHOOL INFORMATION

Name:

Address:

City:

State:

Zip:

County:

TEACHER INFORMATION

Name:

List contact information and check your preference:

☐ School phone:

☐ Personal cell phone:

☐ Email:

☐ School Fax:

☐ Other:

☐ Check here if the school has special requirements for visitors.
Details:

CLASS INFORMATION

Grade:

Number of classes/groups:

Number of students per class/group:

Helpful information (i.e. above/below grade level,
special considerations):

REQUEST TYPE

Is this a CAREER DAY Event? ☐ Yes ☐ No

If Yes:

Date of Career Day:

Format : ☐ Classroom presentation

(check all that apply) ☐ Information table

☐ Panel discussion

Time limit for each rotation:

REQUESTED TALK

Please list title from catalog of topics.

1st Choice:

Alternate:

Alternate:

*Preferred date range:

**The more flexible you can be with your dates, the better chance we have of filling your request!*

Return your request to:

Mail: NSA K-12 Outreach, Suite 6637
9800 Savage Rd., Ft. Meade, MD 20755-6637

Email: K12Outreach@nsa.gov
Subject: "<school name>: NSA Speakers Bureau Request"

Fax: 443-479-1193